

House Concurrent Resolution No.

Whereas, the adult pregnancy rate associated with rape is estimated to be 4.7 percent, with more than 32,000 American women becoming pregnant as a result of rape each year; and

Whereas, 1,351 rapes were reported in the State of Missouri in 2000 and it is estimated that up to 84 percent of rapes are not reported, making the actual number of rapes in Missouri closer to 8,444; and

Whereas, a component of domestic violence is forced unwanted sexual activities, thereby denying women the opportunity to use contraception; and

Whereas, surveys of battered women revealed that 37 to 45 percent of those women reported being raped by their partners; and

Whereas, standards of emergency care established by the American Medical Association (AMA) require that rape survivors be counseled about their risk of pregnancy and given emergency contraception; and

Whereas, many sexual assault survivors are denied the option of deciding whether to risk becoming pregnant as a result of the rape because hospitals fail to counsel about or offer emergency contraception to them, even when they arrive within the 72-hour window of opportunity; and

Whereas, according to a national survey of women, 78 percent believe that hospitals should be required to offer emergency contraception to rape survivors; and

Whereas, a 2001 study of hospital emergency rooms in Missouri reveals that 39 percent do not offer emergency contraception to rape survivors and less than one quarter (24 percent) provide referrals for emergency contraception; and

Whereas, emergency contraception is a safe and 75 percent effective method for women to use to prevent pregnancy up to 72 hours after unprotected intercourse or contraceptive failure, and is 95 percent effective if used within 24 hours; and

Whereas, emergency contraception pills, like other hormonal forms of contraception, prevent pregnancy by delaying ovulation by preventing fertilization or by preventing implantation, and do not affect established pregnancies; and

Whereas, surveys have shown that 41 percent of the general public is unaware of emergency contraception, 72 percent of those who have heard of it do not realize that it is available in the United States,

and only 11 percent understand the need for treatment to be initiated within 72 hours of sexual activity; and

Whereas, nearly half of women age 18 to 44, once informed about emergency contraception, said they would be likely to use it; and

Whereas, while virtually all obstetricians and gynecologists consider oral contraceptives to be safe and effective for use after unprotected sex to prevent pregnancy, only 24 percent discuss the option as part of routine contraceptive counseling, and many raise the issue only when confronted with a patient's emergency situation; and

Whereas, a 1999 American Medical Association study expressed concerns with the large number of women having limited access to health care services, being uninsured, or having no relationship with a physician, making the process of obtaining an emergency contraception prescription extremely difficult; and

Whereas, many pharmacists remain unaware of the pertinent facts regarding emergency contraception, undermining their ability to effectively counsel women on this option; and

Whereas, a 2001 study of pharmacies in Missouri reveals that fewer than one-half (48 percent) of Missouri pharmacies surveyed would fill prescriptions for emergency contraception and only 35 percent provide referrals; and

Whereas, experts estimate that widespread use of emergency contraception as back-up for birth control could reduce unintended pregnancies and abortions by one-half; and

Whereas, in February 1997, the United States Food and Drug Administration declared that certain brands of oral contraceptives were safe and effective for use as emergency contraceptive pills; and

Whereas, the American College of Obstetricians and Gynecologists, the American Medical Association, and the World Health Organization all state that there are no contraindications to emergency contraceptive pills:

Now, therefore, be it resolved that the members of the House of Representatives of the Ninety-first General Assembly, Second Regular Session, the Senate concurring therein, hereby encourage the Division of Maternal, Child and Family Health within the Department of Health and Senior Services to initiate activities to raise public awareness and promote appropriate counseling about and referrals for emergency contraception by informing hospitals, health care providers, pharmacists, and the community at large. Informational activities should stress the availability of emergency contraception, its use and safety, and its effectiveness in preventing pregnancies if taken as soon as possible within the first 72 hours; and

Be it further resolved that the Chief Clerk of the Missouri House of Representatives be instructed to prepare properly inscribed copies of this resolution for the Director of the Department of Health

and Senior Services and the Director of the Division of Maternal, Child and Family Health.

Offered by Representative Vicky Riback Wilson

Ted Wedel, Chief Clerk of the House of Representatives, and Terry L. Spieler, Secretary of the Senate, do hereby certify that the aforementioned is a true and correct copy of House Concurrent Resolution No. , adopted by the House of Representatives on , 2002, and concurred in the Senate on , 2002.

Chief Clerk of the House of Representatives

Secretary of the Senate

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